



## Application for Change/Transfer of Water Right

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION  
IF FILED WITH THE DEPARTMENT OF ECOLOGY

(Check all that apply.)

- 12-16-13  
KRif
- ☐ Change purpose(s) of use
  - ☐ Add purpose(s) of use
  - ☐ Change point(s) of diversion/withdrawal
  - ☒ Add point(s) of diversion/withdrawal
  - ☒ Change/transfer place of use
  - ☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL  
SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

### FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 11-27-13  
CHECK NO. 10588550 FEE \$ 122.22  
DATE ACCEPTED 12-16-13 BY KRif  
CHANGE NO. CG3-2000902L  
COUNTY Grant WRIA 41  
SPECIAL AREA OROWMS

SEPA: ☒ EXEMPT ☐ NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

CERT NO. \_\_\_\_\_ CERT OF CHG NO. \_\_\_\_\_  
claim 96

☐ I have participated in a pre-application conference with Ecology.

### 1. Applicant Information

APPLICANT/BUSINESS NAME <u>Stredwick Land LLC</u>	PHONE NO. <u>509-398-1434</u>	FAX NO.
ADDRESS <u>6573 Hwy 283 N</u>		
CITY <u>Ephrata</u>	STATE <u>WA</u>	ZIP CODE <u>98823</u>
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE) <u>Matt Stredwick</u>	PHONE NO. <u>Same</u>	FAX NO.
ADDRESS <u>Same</u>		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
ADDRESS <u>Same</u>		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

### 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <u>WRC NO. 0096</u>	RECORDED NAME(S) <u>ANZUK Land CO LLC</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: <u>ANZUK LAND CO LLC</u> <u>PO BOX 322 Ephrata, WA 98823</u>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

Stredwick Farms, LLC  
6573 Highway 283 North  
Ephrata, WA  
98823

### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
well		NE	NW	21	19	27	16148000	

#### B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
well		E	SW	01	18	26	160254001	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☒ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: Anzuk Land CO. LLC

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

### 4. Purpose of Use:

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Ag Irrigation	1000	4.5	3.5 March - November

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Ag Irrigation	1,000	4.5	3.5 March - November

### 5. Place of Use:

#### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: <sup>20</sup> ~~40~~ AC within the E 1/2 OF THE NE 1/4 AND THE E 1/2 of the NW 1/4 all within Section 21 Township 19N Range 27 EWM Grant County Washington

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE	NW	21	19	27	Grant	16148000	<del>40</del> 20

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☒ NO

IF NO, PROVIDE OWNER(S) NAME: ANZUK Land CO. LLC

#### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED: 80 AC within the E 1/2 OF ~~Section 1~~ the SW 1/4 OF Section 1 Township 18 Range 26

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
E	SW	01	18	26	Grant	160254001	80

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☒ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): \_\_\_\_\_



**6. Remarks and Other Relevant Information:**

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

**7. Signatures:**

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.*

Matt Stredwick  
Applicant Printed Name - Title

[Signature]  
Applicant Signature

11/21/13  
(Date)

Eric Burck  
Water Right Holder Printed Name

[Signature]  
Water Right Holder Signature

11/21/13  
(Date)

Eric Burck  
Land Owner of Existing Place of Use Printed Name

[Signature]  
Land Owner of Existing Place of Use Signature

11/21/13  
(Date)

Matt Stredwick  
Land Owner of Proposed Place of Use Printed Name

[Signature]  
Land Owner of Proposed Place of Use Signature

11/21/13  
(Date)

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_